

CLAIMS ONLY

SERIAL NO. _____ FILING DATE _____

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.
1							51			
2							52			
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45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	✓						TOTAL IND.			
TOTAL DEP.	17	◀	◀	◀			TOTAL DEP.	◀	◀	◀
TOTAL CLAIMS	19	██████████	██████████	██████████			TOTAL CLAIMS	██████████	██████████	██████████

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS